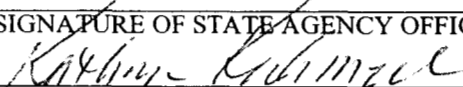
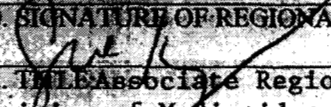


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04-08	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE January 1, 2004	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(g) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2003 - 2004 \$60,100 b. FFY 2004 - 2005 \$154,140	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, Page 1-A1, Supplement 1 to Attachment 3.1-A, Page 1-A1a, and Supplement 1 to Attachment 3.1-A, Page 1-A3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 3.1-A, Page 1-A1, Supplement 1 to Attachment 3.1-A, Page 1-A1a, and Supplement 1 to Attachment 3.1-A, Page 1-A3	
10. SUBJECT OF AMENDMENT: Comprehensive Medicaid Case Management (CMCM) - Target Group A			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health, Corning Tower Empire State Plaza, Room 1466 Albany, New York 12237	
13. TYPED NAME: Kathryn Kuhmerker			
14. TITLE: Deputy Commissioner Department of Health			
15. DATE SUBMITTED: March 17, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: OCT 04 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Sue Kelly		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: <div style="text-align: right; font-family: cursive;"> Approved: 10/04/04 Effective: 01/01/04 </div>			

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Revision: HCFA-PN-87-4

Supplement 1 to Attachment 3.1A

Page 1 -A1

March 1987

OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York State

CASE MANAGEMENT SERVICES

A. Target Group: A

B. Areas of State in which services will be provided:

_____ Entire State.

 X Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

The counties of Albany, Allegany, Cattaraugus, Cayuga, Chemung, Columbia, Cortland, Dutchess, Franklin, Fulton, Genesee, Herkimer, Jefferson, Livingston, Madison, Monroe (zip codes 14605, 14621, and 14609), Onondaga, Orange, Orleans, Rensselaer, St. Lawrence, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Washington, Westchester, Wyoming, Yates, and New York City (Bronx Commun. Dist. 1-4, Brooklyn Commun. Dist. 5, 8, 9, 16-18, Manhattan Commun. Dist. 9-12, Queens Commun. Dist. 3, 4, 6, 7, 8, 11-13, and Richmond Commun. Dist. 1-3)

C. Comparability of Services

_____ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

 X Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See attached.

E. Qualification of Providers:

See Page 1-A10.

TN No. 04-08

Supersedes

TN No. 01-30

Approval Date OCT 04 2004

Effective Date JAN 01 2004

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Revision: HCFA-PN-87-4
March 1987

Supplement 1 to Attachment 3.1A
Page 1 - A1a
OMB No.: 0939-0193

State/Territory: New York State

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 04-08

Supersedes

TN No. 95-47

OCT 04 2004

Approval Date

Effective Date JAN 01 2004

HCFA ID: 1040P/0016P

OFFICIAL

HCFA ID: 1040P/0016P

New York State

**SUPPLEMENT 1 TO ATTACHMENT 3.1A
PAGE 1-A3**

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED TO TARGET GROUP A

Case management services will be provided to residents of the following counties: Albany, Allegany, Cattaraugus, Cayuga, Chemung, Columbia, Cortland, Dutchess, Franklin, Fulton, Genesee, Herkimer, Jefferson, Livingston, Madison, Monroe (zip codes 14605, 14621, and 14609), Onondaga, Orange, Orleans, Rensselaer, St. Lawrence, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Washington, Westchester, Wyoming, Yates and New York City (Bronx Commun. Dist. 1-4, Brooklyn Commun. Dist. 5, 8, 9, 16-18, Manhattan Commun. Dist. 9-12, Queens Commun. Dist. 3, 4, 6, 7, 8, 11-13, and Richmond Commun. Dist. 1-3)

D. DEFINITION OF COMPREHENSIVE MEDICAID CASE MANAGEMENT REIMBURSABLE UNDER MEDICAID

Case management is a process which will assist persons eligible for Medical Assistance to access necessary services in accordance with goals contained in a written case management plan.

BASIC PREMISES OF COMPREHENSIVE MEDICAID CASE MANAGEMENT

1. Case management services are those services which will assist persons eligible for Medical Assistance to obtain needed medical, social, psychological, educational, financial, and other services.
2. Case management is a human services agency tool for the effective management of multiple resources for the benefit of individuals identified as high utilizers of service, or having problems accessing care, or belonging to certain age, diagnosis or specialized program groups. Effective management is concerned with service: the quality, adequacy and continuity of service, and a concern for cost effectiveness to assure each eligible individual served receives the services appropriate to their needs. Targeted groups consist of persons with multiple needs or high vulnerability who require intensive and/or long term intervention by health and other human services providers.

TN No. 04-08

Supersedes

TN No. **01-30**

Approval Date

OCT 04 2004

Effective Date

JAN 01 2004

Fiscal Derivation

OFFICIAL

Based on an average caseload and a regional hourly rate of \$13.38 per quarter hour/\$53.52 per hour, the gross full annual cost is estimated at \$308,280.